

State of Connecticut Department of Public Safety Division of State Police

DPS-90-C (Rev. 04/'03) CRIMINAL INFORMATION SUMMARY ADDITIONAL PAGES

TROOP / UNIT: C OTHER INVOLVED AGENCY: NO YES,								
DATE: TIME: INVESTI 10-06-04 1016 hrs. Tpr. Ric			TROOPER/OF	DPS CASE NUMBER: 04-049931				
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):								
Tolland High School, 1 Eagle Hill Road, Tolland								
SUMMARY OF INCIDENT OR AFFIDAVIT:   ARREST MADE UNDER INVESTIGATION								
School personnel heard of a student who had brought a knife to school. Upon interviewing the student the juvenile was								
found to have a small amount of what appeared to be marijuana and a switchblade knife in the students gym bag. The								
juvenile was arrested and released on a WPTA.								
VICTIM:(DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)								
NAME / BUSINESS			DDRESS: (TOWN/CITY&STATE ONLY)			JUVE		INJURED:
Tolland High S	1 Eagle Hill Road, Tolland			1		YES	☐ YES	
NAME / BUSINESS / AGENCY: M F						AGE: JUVENILE:		
NAME / BUSINESS	J F ADD	ADDRESS: (TOWN/CITY&STATE ONLY)					INJURED:	
						YES AGE:		□ NO
NAME / BUSINESS	F ADD	F ADDRESS: (TOWN/CITY&STATE ONLY)			JUVE		INJURED:	
TABLE / BUSINESS /	ADDRESS: (10WWCI11&STATE ONLI)					YES	YES	
						AGI		□ NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME								V DOB FIELD)
NAME:			DOB:	ADDRESS:				
juvenile			14					
CHARGES: COURT: BOND: INJURED:								D:
1.weapons on school property		GA: Juvenile		☐ CASH	İ	☐ YES ☒ NO AMBULANCE:		
2.carrying dange	☐ NON-SURE							
3.Illegal possess	TOWN: Vernon			AMOUNT \$:  TO BE PRESENTED AT COURT			☐ YES ☒ NO HOSPITAL:	
4.					15 @.	303		
DA DA			0-12-04	☐ TRANS TO DEPT OF CORRECTIONS @:				
NAME:	. 🗆 🗅 M	1 DF	DOB:	ADDRESS:				
CHARGES:		COURT:		BOND:		INJURED:  YES NO AMBULANCE: YES NO		
1.		GA:		CASH	CASH SURETY WPTA			
2.				AMOUNT \$:				- 1
3.		TOWN:		TO BE PRESENTED AT COURT		HOSPITAL:		
4.				TRANS TO I	S@:			
			ATE:					
NAME: DOB: ADDRESS:								
CHARGES:		COURT		BOND:		_	YN: ETTEN	0.
1.	RGES: COURT: GA:			☐ CASH ☐ SURETY			INJURED:	
2.	GA:			□ NON-SURETY □ WPTA			AMBULANCE:	
	TOWN:		AMOUNT \$:			YES NO		
3.		101111		☐ TO BE PRESENTED AT COURT			HOSPITAL:	
4.		DATE:		☐ TRANS TO	S@:			
NAME:		1 D F	DOB:	ADDRESS:			_	
name:	ш.,	,	DOII.	ADDRESS.				
CHARGES:		COURT:		BOND:			INJUREI	D:
1.		GA:		CASH	☐ SURETY		☐ YES ☐ NO AMBULANCE: ☐ YES ☐ NO	
2.				□ NON-SURET	RETY   WPTA			
3.	TOWN:			AMOUNT S:			HOSPIT	
4.			☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTION		Sa:			
		a markeneri						
SUPERVISOR'S APPROVAL REQUIRED: IN					DA	TE:		
THI	S INFORMATION IS BEING RE	LEASED TO	THE PUBLIC IN CO		THE FREEDOM OF INFORM	MATION I		
FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.  PHONE: 860-685-8230 FAX: 860-685-8301 TO BE								
FROME: 000-003-020 FAX: 000-003-0301 IUBE								